

The smile and the pounamu...

Are emergency departments a safe place for Māori?

Kiri Rikihana

Te Ati Awa ki Whakarongotai, Ngāti Raukawa ki te Tonga, Ngāti Toa

Rangatiratanga

New Zealand General Manager, ANZCA

Board Member, Royal Australasian College of Medical Administrators

“To serve the community
by fostering safety and
high quality patient
care in anaesthesia,
perioperative medicine
and pain medicine.”

Ko wai au?

Te Ati Awa ki Whakarongotai,
Ngāti Raukawa ki te Tonga,
Ngāti Toa Rangatiratanga

Ōku pōtae
Māori mama

Australian & New Zealand College of
Anaesthetists Senior Leadership Team
member

Royal Australasian College of Medical
Administrators Board Member.



What are safe places?

- Quality of care
- Quality of outcome

Physical safety,
spiritual safety,
Cultural safety

One team

Remember our whānau don't necessarily see the distinction between ED, radiology, wards and outpatients. It's all the same carpark, all the same hospital.

Some of us are on edge.



Hineteohorere: Netball Sept 2019

Our recent whānau experience in ED

- Deep Vein Thrombosis (2006 /2007)
- Radical slipped upper femoral epiphysis (sufe) (2014)
- Fall from a horse, bruised tailbone (2019)
- Broken nose (2019)
- Car accident (2019)



Hineteohorere: broken nose Sept 2019

What research tells us... but our whānau know

Inequitable quality for Māori compared to non- Māori

Māori children receive sub-optimal asthma control, higher levels of prescriptions for reliever medications, without any preventer prescribed, = 30 percent higher rate of hospitalisation for asthma for Māori children compared with non-Māori children.

In adulthood, **Māori have twice the rate of hospital bed-days** following an acute admission than non-Māori.

Communication: Compared with non-Māori, Māori adults consistently **respond less positively** to questions about the experience of communication with hospital staff and doctors .

Presentation at ED: older patients in general tend to present at emergency departments more often than younger people, this **pattern starts much younger – around a decade earlier – for Māori.**

The percentage of **Māori having an operation for their hip fracture on the same or next day** of admission to hospital **following a fall has decreased** steadily since 2013, whereas the percentage for non-Māori has consistently improved.

https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/PR/Window_2019_web_final.pdf



My vision...

We are raising a generation with:

- te reo as their first language
- Māori values at their core
- normalising and modernising their culture

... a healthcare system whereby my children & grandchildren can bring their whole *Māori* selves to the Emergency Department as patients and staff.



Hineteohorere: broken nose day two

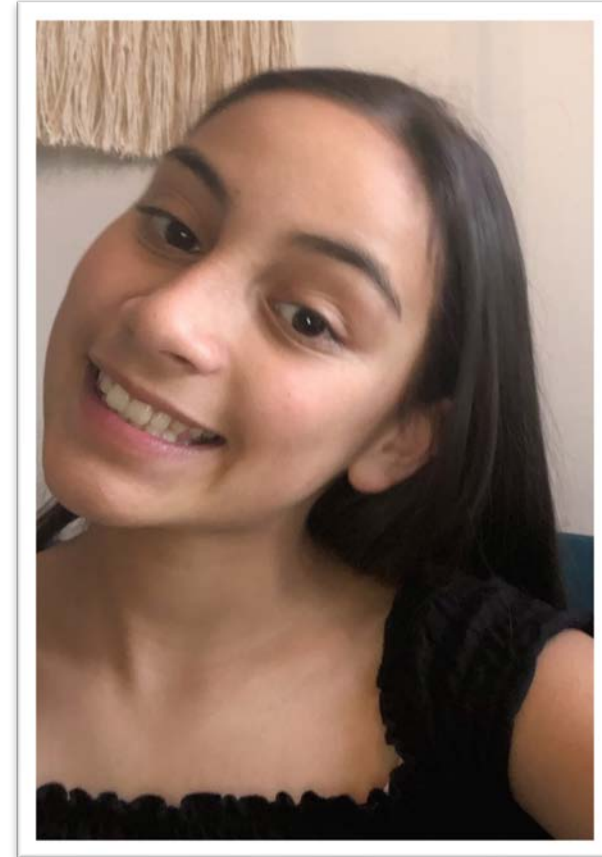
What is in our power to change?

- Political, policy & process change
- Medical education
- Regulation
- Reset of cultural expectations through strategy

These adaptable, agile young people will accommodate non-Māori New Zealanders.

Our system needs to become a two way street.

Teamwork at a service level,
teamwork at a College level



Hineteohorere: recovered 3 October 2019

Tā tātou wero...

Medical Colleges will need to:

- build skills to overcome ...fear, a punitive and blaming culture, egos and empires
- Foster accountability for equity
- Enable clinicians to practice challenging conversations
- Provide equity solutions that respond to complex adaptive systems
- Collaborate



Hineteohorere: Oct 2019 celebrating B'Ball Win

Your ED culture matters

- To be visible and seen
- To be acknowledged
- To be recognise something of yourself and your culture in the environment

One smile from a Māori staff member, and a conversation about a pounamu with our nurse made all the difference.

